

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

09/377821

APPLICANT(S)

FILING DATE

| CLAIMS       |          |      |                     |      |                     |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            | /        |      |                     |      |                     |      |
| 2            |          | /    |                     |      |                     |      |
| 3            |          | /    |                     |      |                     |      |
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| 99           |          |      |                     |      |                     |      |
| 100          |          |      |                     |      |                     |      |
| TOTAL IND.   |          |      |                     |      |                     |      |
| TOTAL DEP.   |          |      |                     |      |                     |      |
| TOTAL CLAIMS |          |      |                     |      |                     |      |

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